

**Treatment Protocol: POTENTIAL COVID-19 PATIENTS**

**Ref. No. 1245**

Steps 1-4 apply to **all** patient contacts. For patients that have a positive prehospital screen for potential COVID-19 infection, the remainder of this protocol should be used in addition to the appropriate Treatment Protocol(s) based on Provider Impression(s).

**Base Hospital Contact: Required for severe respiratory distress and respiratory failure.**

1. Assume that all patients, regardless of dispatch complaint, may have COVID-19 ①  
Minimum recommended PPE for ALL patient encounters is a surgical mask, eye protection, and gloves ②
2. Providers shall utilize this TP in addition to the appropriate TPs based on provider impression(s)
3. Perform initial assessment of all patients, including COVID-19 screen, from at least 6 feet away if possible ③④
4. Hand the patient a surgical mask to self-apply prior to approaching the patient ⑤
5. If approaching the patient is required to complete the screening, have a single provider don PPE (including at minimum a surgical mask, eye protection, and gloves, and gown if available) and approach the patient to perform an initial assessment and mask the patient ⑤⑥
6. All providers shall don PPE prior to approaching the patient, including surgical mask or N95 as appropriate, eye protection, and gloves, and gown if available ⑥⑦
7. For patients in cardiac arrest, an N95 or P100 mask is required along with eye protection and gloves, and gown if available, prior to approaching the patient ⑥
8. Limit interventions to essential procedures only  
Routine administration of nebulized medications and use of CPAP is discouraged except as outlined below
9. Assess airway and initiate basic and/or advanced airway maneuvers per (MCG 1302)  
Aerosol-generating procedures (including suctioning, CPAP, bag-mask ventilation, and advanced airway placement) require N95 masks and gowns for all providers ⑥  
If advanced airway is required, King Airway is preferred to endotracheal intubation  
Use of a viral filter is encouraged for all positive-pressure ventilation
10. Administer **Oxygen** for O<sub>2</sub> sat <90% at the lowest flow possible to achieve O<sub>2</sub> sat ≥90%  
Place a surgical mask on the patient over the oxygen delivery device
11. For hypoxic patients without severe distress provide supplemental oxygen, consider positioning right or left lateral decubitus or prone during transport if tolerated
12. For none to mild respiratory distress  
Do not perform any field treatment
13. For moderate respiratory distress  
Do not administer nebulized medications or apply CPAP  
For bronchospasm, assist patient with use of their own metered-dose inhaler (MDI) or administer

**Treatment Protocol: POTENTIAL COVID-19 PATIENTS**

**Ref. No. 1245**

albuterol via MDI if available (Adults: 5 puffs, Pediatrics: 2 puffs, may repeat in 15 minutes prn) ⑧

14. For severe respiratory distress

Utilize CPAP with appropriate PPE and viral filter when available ⑤

For bronchospasm, administer albuterol via nebulizer with appropriate PPE or MDI with spacer preferred if available and tolerated by patient (Adults: 5 puffs, Pediatrics: 2 puffs, may repeat in 15 minutes prn) ⑤ ⑧

For patients with known asthma presenting with severe bronchospasm, Epinephrine IM is the preferred treatment as the initial intervention, in addition to MDI; dosing as per TP 1237 and MCG 1309

**CONTACT BASE** for guidance on use of CPAP and nebulized medications for patients with severe respiratory distress

15. For poor perfusion:

**Normal Saline 1L IV rapid infusion ⑨**

Reassess after each 250mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops

16. During transport, restrict the number of providers in the patient compartment to only essential personnel to minimize possible exposures and, if possible, adjust the ventilation system air changes/hour to the highest rate and consider opening windows ⑩

17. Notify the receiving hospital for any patient who screens positive for possible COVID-19

Provide notification for all patients, including those who are transported BLS

Prior to entry into the hospital, unless transitioning care outside of ED, one provider should doff any contaminated PPE (gloves/gown) to enter and discuss plan for handoff with the triage RN. You may be directed to an alternative triage area or handoff may occur outside the hospital.

18. Discontinue all aerosol-generating procedures (including nebulized medication and/or CPAP prior to entry into the hospital triage area); discuss with the triage RN before entry for patients in severe distress requiring these interventions so that appropriate handoff can be arranged ⑪

19. For documentation:

- 1) Document positive COVID-19 screening and level of PPE worn in your narrative summary
- 2) Consider the following Provider Impressions and document as appropriate:

Cold / Flu Symptoms (COFL) - For minor respiratory illness in a patient without shortness of breath or wheezing; must have normal respiratory rate and O<sub>2</sub> sat.

Respiratory Distress / Bronchospasm (SOBB) - For COPD/asthma exacerbations and any bronchospasms/wheezing not from pulmonary edema.

Respiratory Distress / Other (RDOT) - For patients with pulmonary disease that is not edema or bronchospasm, includes suspected pneumonia, PE, pneumothorax and non-pulmonary and unknown causes of respiratory distress.

Respiratory Arrest / Failure (RARF) - For patients requiring positive-pressure ventilation and/or

hypoxia despite 100% oxygen.

Fever (FEVR) - For reported or tactile fever that is NOT suspected sepsis. For sepsis use PI Sepsis.

Sepsis (SEPS) - For patients with suspected sepsis (i.e., signs suggestive of sepsis including fever, tachycardia, suspected infection).

Other Provider Impressions may apply for patients with other primary complaints who also have signs and symptoms potentially consistent with COVID-19

### SPECIAL CONSIDERATIONS

- ❶ Do not rely on dispatch pre-arrival screening to catch all possible screened positive patients, repeat screening yourself. Patients with COVID-19 may present with complaints other than shortness of breath or fever. Travel or contact with a known case is NOT required for a positive screen.
- ❷ This PPE is recommended as the supply chain allows. It is preferable to change the mask after every encounter with a patient who screens positive. Masks, including surgical masks and N95 masks, may be considered for limited reuse on up to 5 patient encounters unless it is visibly soiled, contaminated with bodily fluids, or used in a high-risk situation (i.e., aerosolizing procedures). More information on reuse and extended use can be found at:  
<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
- ❸ A positive screen is any patient with any ONE of the following:
  - Any symptom suggestive of COVID-19: fever (reported or tactile), chills, cough, shortness of breath, body aches, nausea, vomiting, or diarrhea OR
  - Under quarantine/isolation for potential or confirmed COVID-19, OR
  - Had any contact with a person who is undergoing testing or confirmed to have COVID-19, OR
  - Living in a Skilled Nursing Facility or other congregate living situation, OR
  - Any domestic or international travel in the last 21 days; travel is **NOT** required to have a positive screen.
- ❹ If the patient is ambulatory in a home or residential building, consider asking them to come out to you to reduce exposure to surfaces in the home.
- ❺ Patients may be contagious and transmit COVID-19 even before developing symptoms, mask ALL patients, not just those who have a positive COVID-19 screen, **if the supply chain allows**. For patients requiring supplemental oxygen, place the surgical mask over the oxygen delivery device. This does not apply to patients requiring positive-pressure ventilation.
- ❻ Droplet and contact precautions should be taken for all potential COVID-19 patients. Airborne and contact precautions should be taken for all aerosolizing procedures including suctioning, CPAP, nebulized medications, bag-mask ventilation, advanced airway placement and chest compression, this includes an N95 or P100 respiratory and gown, in addition to the eye protection and gloves required for all patients screening positive for potential COVID-19. Goggles are the preferred eyewear. For airway management, a face shield worn over the eyewear of the operator can provide additional protection during this high-risk procedure. If no gowns are available, wear EMS issued raincoat; doff it in ambulance bay into a bio-container bag; prior to reuse, wipe it down with the same cleaners used to decon the ambulance and then rinse with water.
- ❼ There are no data to suggest that N95 masks are more effective than surgical masks for routine care

**Treatment Protocol: POTENTIAL COVID-19 PATIENTS**

**Ref. No. 1245**

of COVID-19 patients. Therefore, N95 masks should be reserved for use during high-risk aerosolizing procedures unless there is adequate supply.

- ⑧ Administration of albuterol via a metered-dose inhaler (MDI) with spacer is considered equivalent to nebulized albuterol; a spacer is typically required for this route to be effective in novice users. MDIs are single use and should be left with the hospital staff upon handoff of the patient; be sure to leave it with the hospital since MDIs are in short supply.
- ⑨ Although COVID-19 patients can quickly develop pulmonary edema, potential COVID-19 patients should receive IVF if they have signs of poor perfusion. Patients with suspected sepsis should continue to be managed with IVF per TP 1204, Sepsis. Patients remain undifferentiated in the field. If in doubt, it is reasonable to administer Normal Saline up to 1L.
- ⑩ Family members and other contacts of patients with possible COVID-19 should NOT ride in the transport vehicle, if possible. Consider allowing one parent or caregiver of an infant or child to be transported. If riding in the transport vehicle, they should wear a surgical mask. All areas of the transport cabin are exposed (as well as the driver compartment if connected). The higher air changes/hour may reduce the concentration of infectious particles, but does not eliminate risk.
- ⑪ All aerosol generating procedures must be discontinued while moving through the ED hallways, except in the case of an intubated patient with use of a viral filter, in which case chest compressions and ventilations may continue.